|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Ferrlecit (sodium ferric gluconate)** | | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  CBC, Ferritin, Iron and TIBC | | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | **ICD10/Secondary Diagnosis:** | | | | **Dialysis Patient**  **Non-Dialysis Patient** | | | | |
| **Height:** | **Weight:** | | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | | | | | | |
| ferric gluconate (FERRLECIT) 62.5 mg/5 mL 125mg IV, 60 minutes weekly x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_doses   * ***Repeat doses may be given until iron requirements met*** * ***Cumulative doses >1g up to 8 doses generally not required during a single treatment course unless there is ongoing blood loss.*** | | | | | | | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | | |
| **Medication** | | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| acetaminophen | | | |  | PO | diphenhydrAMINE | | |  | IVP |
| diphenhydrAMINE | | | |  | PO | dexamethasone | | |  | IVP |
|  | | | |  |  |  | | |  |  |
| **PRN MEDS:**  N/A | | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -**  CBC, Ferritin, Iron and TIBC  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | | | | |
| **LAB** | | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
|  | | |  | | |  | |  | | |
|  | | |  | | |  | |  | | |
| **Nursing Communication/Orders** | | | | | | | | | | |
| **Hold treatment and Notify** **Provider if**:   |  | | --- | | 1. HGB GREATER THAN 10 | | 2. Transferrin Sat GREATER THAN 30% | | 3. Ferritin GREATER than 500 ng/mL | | 4. Diagnosis and indications not complete  5. Signs and symptoms of active infection  6. Pregnancy risk or actively nursing  7. Do NOT give to patients with history of hypersensitivity to Ferrlecit.  8. Monitor vital signs pre, 15-, and 30-min post infusion. Observe patients for at least 30 minutes post infusion or until clinically stable.  9. Notify provider of systolic BP drop more than 20 mm Hg or systolic VP less than 100 mm Hg.  10. Monitor closely for acute hypersensitivity reactions including urticaria, pruritis, rash, and notify provider.  11. Sodium ferric gluconate contains benzyl alcohol as preservative. Use caution in pregnant or nursing patients.  \*\*Maximum dose is 1000 mg in 8 divided doses over a 14-day period\*\* | | | | | | | | | | | |